



To the Coordinator of the Single Cycle Degree Course
in Medicine and Surgery

OFFICE

Exam validation request

I, the Undersigned,

Student identification number _____

Surname _____ Name _____

Place of birth _____ date of birth ____/____/____

Address of residence _____ Province () Postal code _____

Telephone _____ E-mail _____

REQUEST FOR VALIDATION

UniME – International Medical School				Degree Course _____ University of _____						
Modules for which validation is requested	ECTS	SDS*	Integrated Course	Modules already taken that are requested for validation	ECTS/Credits	SDS*	Integrated Course	Date	Mark	Language

*Scientific Disciplinary Sector

Attached:

- Syllabus of courses (learning goals, prerequisites, contents, teaching methods ...)
- Substitutive Declaration for the qualifications/exams earned (Mod. DS01-ME)
- Official identification document

Date

Signature

The undersigned also declares pursuant to and for the effects of Presidential Decree 445/2000, art. 46 and 47 that the syllabuses of the courses for which validation is requested and which are attached to the present application are those of the lessons attended and/or exams taken.

Date

Signature
